

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City St. Louis (No. Sanitarium)File No. **22461**Registered No. **6273**

St. Ward)

2. FULL NAME Mary Lutz(a) Residence, No. 4556 Kennedy St. 11 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Lutz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18, 1847</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>1</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	
	11. Total time (years) spent in this occupation <u>Unknown</u>	
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Unknown Germany</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Unknown Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Unknown Germany</u>	
17. INFORMANT (ADDRESS) <u>7700 Arsenal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peters</u> DATE <u>June 27, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>R. W. McLaughlin, 2801 Lafayette St.</u>		
20. FILED <u>26 1934</u> <u>J. J. Bredek</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/27/25, 19, to 6/25/34, 19.

I last saw him alive on 6/25/34, 19. Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108
97
Ante-mortem

Date of onset 6/20/34

Other contributory causes of importance 7/25/34

Name of operation..... Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) J. J. Bredek, M. D.
(Address) 5700 Arsenal

